

Arizona Department of Environmental Quality



VEHICLE EMISSIONS INSPECTION PROGRAM RECOGNIZED REPAIR FACILITY APPLICATION

FACILITY NAME:		OWNI	OWNER NAME:		
ADDRESS:		С	ITY:	ZIP+4	
MAILING ADDRESS:		С	ITY/ST:	ZIP+4	
PHONE NUMBER	FAX NUMBER		E-MAIL ADDRESS		
EQUIPMENT: EMISSIONS EXHA	USTANALYZER 🗆	OPACI	TY METER 🗆	OBDII SCAN TOOL [
List Technician(s) and their current Certifications			ASE □		
RIN Percentage at time of application	%				
Certification Type: Full Sei	rvice Facility (repair	all types	of vehicles)		
OBD O	nly Service Facility (1	repair ON	LY OBD vehic	cles)	
I understand that to qualify and maintain in the guidance letter and continue to me				t and personnel requirements	
Applicants Signature			Date:		
Return the completed application		-		city your facility is	
located at, or email to: recogniz	<u>edrepairprogram</u>	<u>(a)</u> azdeo	<u>1.gov</u> .		
Tucson Office Pr		Phoeni	noenix Office		
Vehicle Emissions Inspection Pro 4040 E 29 th Street	gram	1110 W	Washington		
Tucson, AZ 85711-619 Phone: 520 628-5651 Fax: 520 628-6139		Phone:	x, AZ 85007-2 602 771-3950 2 207-7020		